

Bath and showering

Bath/shower using non-soap based washes or oils as soap products dry out the skin – 'bubbles is trouble'. Non-soap based products that bubble are also drying. It is often best to buy products from the chemist rather than the supermarket where Health professionals are available to advise. Water must not be too hot: tepid is best.

Moisturising the skin after bathing/showering

Step one

If the skin feels 'good' (soft and supple), use a runnier cream or lotion morning and night. This is called maintenance.

Step two

The thicker creams will contain white or soft paraffin (see ingredient list on product). Paraffin provides a longer lasting barrier and seals in moisture for longer. To work out if cream is thick enough turn the tub upside down for 30 seconds. The cream should stay in the tub if it is thick enough.

If you use 'step two' creams during the day, we suggest you use a greasy preparation from 'step three' at night after the bath.

Step three

For dry skin or where there are dry patches, apply a greasy preparation e.g. Dermeze, QV intensive, QV balm or 50/50. These seal in the most moisture best but many people find them too greasy during the day. Try to bear with your doctor's recommendation, but if not possible apply this thickness at night and 'step two' during the day, with the greasy preparation on the driest patches.

Always apply any preparations to the skin, in a downward stroking motion, in the direction the hair follicles come out from the skin. This reduces the likelihood of blocked hair follicles (folliculitis).

Topical Cortico-Steroids (TCS)

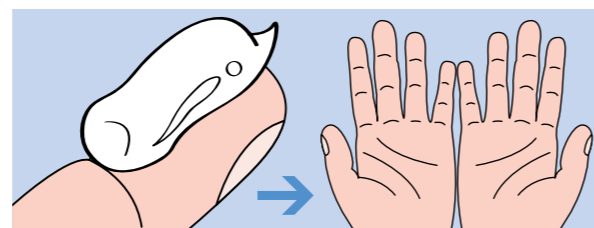
All parents and patients fear 'steroids'. These preparations are prescribed to reduce the red and itchy areas, as shown in image 2 (over page), and allow the skin to heal.

Preparations come in different strengths – mild, moderately potent, potent and very potent. Only mild is available from the chemist without prescription. All must be used as prescribed. The doctor or nurse should show you how much to apply. Ask them to show you if they do not.

TCS do not replace the moisture to the rest of the skin, so it is important to continue to use emollients. Different doctors suggest different time gaps between application of steroid and moisturiser. One time gap is not better than another but remember if you use the greasy preparations (QV Intensive, Kids Balm, Dermeze or 50/50) the steroid cream must be put on first. The grease creates such a good barrier that the medication cannot get through!

How much steroid cream to use

Squeeze out the cream from the crease nearest the top of the index (first/pointer) finger to the fingertip. This is enough to cover the inside surface of two adult palms, with the fingers together. From that you can work out how much to apply to a smaller or larger area. Apply in a downward stroking motion until you can see a 'shine' on the skin. Apply too little and you just see a slight shimmer.



Useful resources

- > www.eczema.org
– National Eczema Society UK
- > www.dermnetnz.org
– Dermnet New Zealand

Eczema

how to manage it

For more information

Women's and Children's Hospital
72 King William Road
North Adelaide SA 5006
derynL.thompson@sa.gov.au

If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.



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SA Health

Information for
parents and carers



Women's
& Children's
Hospital

Eczema, how to manage it

Eczema is a chronic condition which comes and goes but cannot yet be cured. It can be controlled when you have been shown how to care for the skin with emollient (moisturiser + non-soap based wash/oil) therapy and how and when to apply the medicated preparations prescribed by your doctor.

Ask the doctor or nurse to show you how to apply your moisturiser and the steroid creams they recommend. Also have them clearly explain how much you need to use.

Eczema is characterised by dryness, redness, itch and sometimes weeping and oozing. Both genes and environmental factors play a role in eczema. Usually the skin provides a waterproof barrier, is soft and supple and provides a barrier to allergens and irritants. Eczema affects these properties.

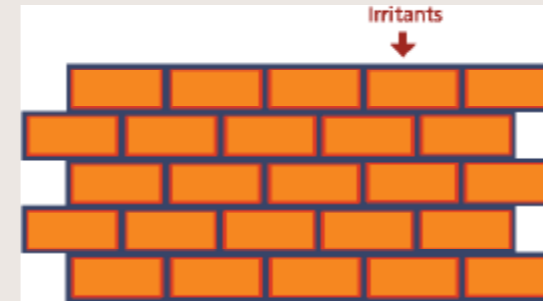
What has happened to the skin

Having eczema means your skin is lacking the particular body oils, lipids (fats) and moisturisers that usually keep skin supple and intact. Bonds between the skin and cells are also not as strong. This allows cells to lose moisture, shrink and cause cracks allowing moisture to evaporate from the skin. Allergens and irritants can then get in. Sometimes this triggers an immune response to the allergens, causing sensitisation. Sometimes the irritants trigger a red and itchy response. This makes your skin release chemicals that make the skin feel itchy and red. Scratching, despite providing some very temporary relief, actually causes more chemicals to be released and the skin feels itchier. This 'scratch and itch cycle' is most distressing.

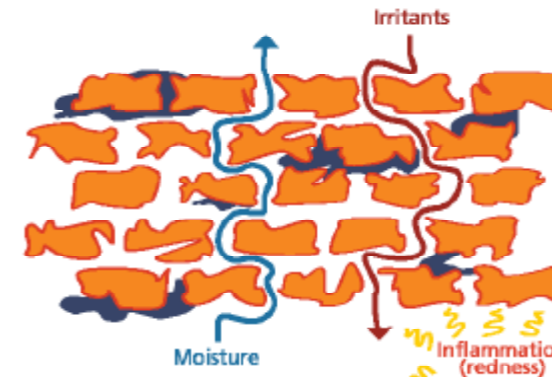
Bricks and mortar theory

Healthy skin is like a brick wall. Lamellar lipids and moisturising factors are part of the 'mortar' which helps to keep water in the cells. Normally, bonds between the cells are strong and break down slowly. Thus skin is shed slowly.

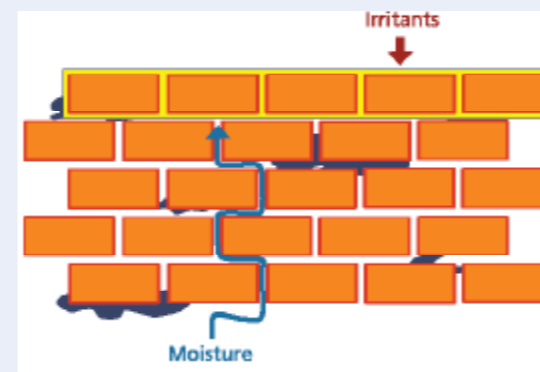
When your skin becomes dry with eczema, the 'mortar' shrinks, causing cracks and splits. Then the allergens, germs and irritants in the environment can get into your skin and cause a problem. We cannot change your genes but you can replace the moisturising factors and lipids with moisturiser/emollient therapy. Emollient therapy is the term for non-soap based washes and the moisturisers applied to skin after washing/bathing. These preparations also put a barrier onto the skin to help stop allergens/irritants entering. They are important to replace as much moisture as possible to maintain a barrier on the skin.



1. Healthy skin is like a brick wall, moisturising factors and fats are part of the mortar which helps to keep water in the cells and keep skin stretchy.



2. When skin becomes dry, the 'mortar' shrinks, causing cracks and splits where allergens and germs can get in and moisture escapes.



3. Regular moisturising and emollient usage will reduce when the skin gets red and itchy and it should not be as bad. Forgetting moisturisers can make the red itchy patches re-appear.

What you need to do

By using your moisturiser/emollient 'regime' a minimum of twice daily you will usually find your skin gets red less often and the reddened areas may even be less severe, when they do occur. Intact skin usually gets less infection. It is like a car – if you maintain and service it, it will keep working, allowing you to drive without much trouble. Let servicing and maintenance slip and the car will falter. It is the same with your skin.

When you have dry skin/active eczema, adults and teenagers should use 500gm of moisturiser in a week, children 250gm and a baby 125gm to get enough moisture replaced.

Note: That you can never 'over moisturise' the skin – moisturiser is not a medication.

Many things can trigger eczema such as teething, viral infections, food chemicals even forgetting to use moisturisers for a while. Immunisations are very important and need to be up-to-date to prevent many dangerous diseases we rarely see now days. Some people believe that immunisations 'trigger' eczema. If you have found/heard this in the past we suggest you increase the moisturizing regime for a few days before the immunizations are due. That way, the skin is prepared.